

# STATE OF SOUTH CAROLINA

## (Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

Application for a Class C Stretcher Van from  
Southeast Transport of Charleston LLC

## BEFORE THE PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

### TRANSPORTATION COVER SHEET

DOCKET  
NUMBER: 2010 -112 -T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Southeast Transport of Charleston LLC

Telephone: 843-225-1485

Address: 4300 Rivers Ave

Fax: 843-225-1484

N. Charleston SC

Other: 843-568-7614

29405

Email: tilalrahim@aol.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

### NATURE OF ACTION (Check all that apply)

☐ Application - Class A/A Restricted

☐ Application - Class C Taxi

☐ Application - Class C Charter

☐ Application - Class C Charter Bus

☐ Application - Class C Non-Emergency

☒ Application - Class C Stretcher Van

☐ Application - Class E Household Goods

☐ Application - Class E Hazardous Waste

☐ Application

☐ Request for Extension to Comply with Order

☐ Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded

☐ Request for Cancellation of Certificate

☐ Request for Suspension

☐ Request for Reinstatement

☐ Request for Name Change on Certificate

☐ Request to Amend Scope of Authority

☐ Request to Amend Tariff (rate increase, etc.)

☐ Request to Amend Passenger Limit

☐ Request

☐ Exhibit

☐ Late-Filed Exhibit

☐ Letter

☐ Proposed Order

☐ Publisher's Affidavit

☐ Reservation Letter

☐ Response

☐ Return to Petition

☐ Other: \_\_\_\_\_

PSC SC  
CLERK'S OFFICE

MAR 18 2010

RECEIVED

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

*gms*

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
101 Executive Center Drive, Suite 100  
Columbia, South Carolina 29210  
(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR  
OPERATION OF MOTOR VEHICLE CARRIER

**RECEIVED**

MAR 18 2010

CLASS C - STRETCHER VAN

Date: February 19, 2010

**T.T.W.W.W**

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

Southeast Transport of Charleston LLC

4300 Rivers Ave N. Charleston SC 29405

Street Address of Applicant

Mailing Address of Applicant if different from street address

843-225-1485

Phone

843-225-1484

Fax

tilalrahim@aol.com

Email Address

2. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of SC, attach SC Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

☐ Individual Owner/Sole Proprietorship

☐ Partnership - List names and address of all person having an interest in the business.

☒ Corporation - List names and addresses of two principal officers.

Tilal Abdelrahim

2572 Vistivia Rd N. Charleston SC 29405

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

## BALANCE SHEET

Balance at Time Application is Filed:  
 Month Feb Year 2010

### Assets:

Cash	\$40,988.00
Receivables	\$59,318.00
Real Estate	\$0.00
Buildings and Equipment (Net)	\$15,159.00
Motor Vehicles (Net)	\$195,855.00
Garage Equipment (Net)	
Machinery and Tools (Net)	
Supplies on Hand	\$6,725.00
Prepays and Other Assets	
<b>Total Assets</b>	<b>\$311,320.00</b>
<b><u>Liabilities and Equity:</u></b>	
Accounts Payable	\$0.00
Notes Payable	\$0.00
Mortgages Payable	\$0.00
Equipment Obligations	\$43,276.00
Accrued Salaries and Wages	\$0.00
Other Accrued Obligations	\$0.00
Other Liabilities	\$0.00
<b>Total Liabilities</b>	<b>\$43,276.00</b>
Capital Stock	\$203,00.00
Retained Earnings	\$65,044.00
<b>Total Equity</b>	<b>\$268,044.00</b>
<b>Total Liabilities and Equity</b>	<b>\$311,320.00</b>

## PROPOSED RATES AND CHARGES FOR SERVICE

### Maximum Rates and Charges for Service are as follows:

The rates are as follows : Base Rate - \$99.00 and a rate of \$8.00 a mile there after.

### Counties to be Served:

Charleston, Berkeley, and Dorchester

## DESCRIPTION OF EQUIPMENT

[illegible]

**\*Designate if equipped with a wheelchair lift by using "HC" (Handicapped.)**

FEB-19-2010 13:28

PANASONIC 2310

P.02

## INSURANCE QUOTE

This form **MUST BE COMPLETED AND SIGNED** by an **AUTHORIZED INSURANCE COMPANY REPRESENTATIVE**.

The following insurance quote is for:

Southwest Transport and Charleston LLC  
Name of Motor Carrier  
4300 Rivers Ave. North Charleston SC 29405  
Address of Motor Carrier

Amount of Premium:

Liability Insurance \$ 1,505

The above quoted premium is for a term of 4 months.

Minimum Limits - Bodily injury and property damage limits will not be less than the following:

		Limits Quoted
Liability Combined Each Occurrence	\$ 1,000,000	500,000 Excess Policy
Medical Payments per Person	\$ 1,000	

Discolor Property & Casualty  
Name of Insurance Company  
5 Patterson Park Farmington CT 06032  
Home Office Address of Company

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

2/19/10  
Date

[Signature]  
Authorized Insurance Company Representative's Signature

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested.

5-019

FEB-19-2010 13:26

PANASONIC 2310

P.02

## INSURANCE QUOTE

This form MUST BE COMPLETED AND SIGNED by an AUTHORIZED INSURANCE COMPANY REPRESENTATIVE.

The following insurance quote is for:

Southeast Transport of Charleston LLC  
 Name of Motor Carrier  
4300 Rivers Ave. North Charleston SC 29405  
 Address of Motor Carrier

Amount of Premium:Liability Insurance \$ 64,950The above quoted premium is for a term of 12 months.

Minimum Limits - Bodily injury and property damage limits will not be less than the following:

		Limits Quoted
Liability Combined Each Occurrence	\$ 1,000,000	<u>1,000,000</u>
Medical Payments per Person	\$ 1,000	<u>5,000</u>

Discover Property & Casualty  
 Name of Insurance Company  
5 Batterson Park Farmington, CT 06032  
 Home Office Address of Company

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

2/19/10  
 Date

[Signature]  
 Authorized Insurance Company Representative's Signature

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested.

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**Exhibit FWA**

**Southeast Transport of Charleston LLC**

Name

U.S.D.O.T No.

ICC No.

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

- ☐ Yes      ☒ No      ☐ Pending      (Submit when received.)

If Yes, indicate rating below and provide copy.

- ☐ Satisfactory      ☐ Conditional      ☐ Unsatisfactory

2. Have any of Applicant's drivers or vehicles been places "out of service" by Transport Police safety officers in the past twelve (12) months?

- ☐ Yes      ☒ No

3. Are there currently any outstanding judgments against the Applicant?

- ☐ Yes      ☒ No

If Yes, indicate nature of judgement(s) against applicant.

4. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

- ☒ Yes      ☐ No

5. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

- ☒ Yes      ☐ No



## **Exhibit on Driver and Assistant Driver Qualifications**

1. Applicant has read and understands Commission Regulation 103-133(8).

☒ Yes ☐ No

2. Applicant has on file a certified copy of the driver's and assistant driver's three (3) year driving records issued by the SC DMV and such records from the DMV of the state in which the driver or the assistant driver is or has been domiciled for such period.

☒ Yes ☐ No

3. Applicant has obtained and retained the criminal history background checks from the state where the driver and assistant driver live.

☒ Yes ☐ No

4. Applicant understands that all drivers and assistant drivers must have in their possession at the time of such operation valid drivers' licenses issued by the SC DMV or the current state of residence of the driver or assistant driver.

☒ Yes ☐ No

5. Applicant understands that all stretcher van certificate holders are prohibited from employing drivers and assistant drivers who are registered, or required to be registered, as sex offenders with the South Carolina State Law Enforcement Division or any national registry of sex offenders.

☒ Yes ☐ No

6. Applicant understands that all stretcher van drivers and assistant drivers must possess a current Red Cross First Aid certification or an American Safety and Health Institute certification, or certification from a program that meets or exceeds the certification standards of the Red Cross First Aid or the American Safety and Health Institute, and Adult Cardiopulmonary Resuscitation (CPR) certification.

☒ Yes ☐ No

7. Applicant understands that the driver's and assistant driver's Red Cross First Aid certification must be renewed every three (3) years and the Adult CPR certification must be renewed annually.

☒ Yes ☐ No

8. Applicant understands that an individual must not be transported in a stretcher van if the individual has a written statement from a licensed physician prohibiting transportation in a stretcher van.

☒ Yes ☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
POST OFFICE DRAWER 11649  
COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol.23A, S.C. Code Ann.,1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF SOUTH CAROLINA

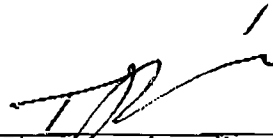
COUNTY OF Charleston



Applicant's Signature

I, Tilal Abdelrahim, President  
Name of Applicant's Representative Title  
of Southeast Transport of Charleston LLC,  
Applicant

the Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.



Signature of Applicant's Representative

SWORN TO BEFORE ME  
This 19 day of Feb, 20 10

Felicia T. Walker  
Notary Public

Commission Expires Feb. 25, 2019

**My Commission Expires 2/25/2019**  
**Felicia T. Walker**  
Notary Public - State of S.C.

# *The State of South Carolina*



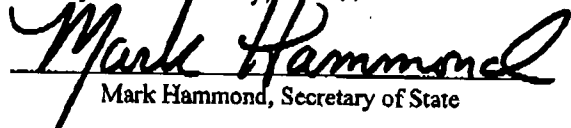
*Office of Secretary of State Mark Hammond*

## **Certificate of Existence**

**I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:**

SOUTH EAST TRANSPORT OF CHARLESTON, LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on August 3rd, 2007, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great  
Seal of the State of South Carolina this  
22nd day of February, 2010.

  
Mark Hammond, Secretary of State